

INDIANA DEPARTMENT OF INSURANCE
P & C FILING FORM
PAGE 1

COMPLETED FORM MUST
BE ATTACHED TO ALL
PROPERTY & CASUALTY FILINGS

IN HOUSE USE ONLY
DATE RECEIVED

ANALYST'S INITIAL ____

NAIC #: _____ BUREAU: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ STATE OF DOMICILE: _____

IF MORE THAN SIX POLICY/FORMS LIST ON ANOTHER SHEET

POLICY/FORM NO. POLICY/FORM NO. POLICY/FORM NO.

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TOTAL NUMBER OF POLICIES/FORMS: _____

COMPANY PROGRAM TITLE: _____

DESCRIPTION OF FILING: _____

COMPANY FILE NO.: _____

DEVIATION RATE FILING?: IF DEVIATION (+%) _____ OR (-%) _____

NET STATEWIDE EFFECT OF FILING: INCREASE _____% DECREASE _____%

FILING FEE: \$ _____

ADDITIONAL INFORMATION: _____

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CHECK APPROPRIATE CODE WHICH APPLIES TO FORM
BEING SUBMITTED

<input type="checkbox"/> POLICY	<input type="checkbox"/> CERTIFICATE	<input type="checkbox"/> RULES
<input type="checkbox"/> ENDORSEMENTS	<input type="checkbox"/> APPLICATION	<input type="checkbox"/> RATES
<input type="checkbox"/> ADVERTISING	<input type="checkbox"/> INFORMATIONAL	

CHECK ITEM WHICH DESCRIBES THE POLICY/FORM BEING SUBMITTED

<input type="checkbox"/> Auto Warranty	<input type="checkbox"/> Glass
<input type="checkbox"/> Auto/Homeowner	<input type="checkbox"/> Health Care Prof. Liability
<input type="checkbox"/> Bail Bond	<input type="checkbox"/> Home Warranty
<input type="checkbox"/> Boatowner	<input type="checkbox"/> Homeowners
<input type="checkbox"/> Boiler & Machinery	<input type="checkbox"/> Hospital Prof. Liability
<input type="checkbox"/> Bureau Adoption	<input type="checkbox"/> Involuntary Unemployment
<input type="checkbox"/> Businessowners	<input type="checkbox"/> Lawyer's Prof. Liability
<input type="checkbox"/> Child Care Liability	<input type="checkbox"/> Liquor Liability
<input type="checkbox"/> Chiropractors Prof. Liability	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Collateral Protection	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Commercial Auto	<input type="checkbox"/> Mobile Homeowners
<input type="checkbox"/> Commercial Fire	<input type="checkbox"/> Mortgage Insurance
<input type="checkbox"/> Commercial Inland Marine	<input type="checkbox"/> Motor Home Insurance
<input type="checkbox"/> Commercial Liability	<input type="checkbox"/> Motorcycle
<input type="checkbox"/> Commercial Multi-Peril	<input type="checkbox"/> Municipal Bond Guaranty
<input type="checkbox"/> Commercial Umbrella	<input type="checkbox"/> Nuclear Energy
<input type="checkbox"/> Condominium Owners	<input type="checkbox"/> Nurses Prof. Liability
<input type="checkbox"/> Credit Property	<input type="checkbox"/> Ocean Marine
<input type="checkbox"/> Crime	<input type="checkbox"/> Personal Inland Marine
<input type="checkbox"/> Crop-Hail	<input type="checkbox"/> Personal Liability
<input type="checkbox"/> Dentist Prof. Liability	<input type="checkbox"/> Personal Umbrella
<input type="checkbox"/> Directors & Officers Liability	<input type="checkbox"/> Physicians & Surgeons Prof. Liability
<input type="checkbox"/> Drought Insurance	<input type="checkbox"/> Political Subdivision Liability
<input type="checkbox"/> Dwelling Fire	<input type="checkbox"/> Pollution Liability
<input type="checkbox"/> Earthquake Insurance	<input type="checkbox"/> Pre-Paid Legal Insurance
<input type="checkbox"/> Errors & Omissions	<input type="checkbox"/> Private Passenger Auto
<input type="checkbox"/> Excess Workers' Comp.	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Farmowners	<input type="checkbox"/> Professional Liability
<input type="checkbox"/> Fidelity Bonds	<input type="checkbox"/> Ranchowners
<input type="checkbox"/> Flood Insurance	<input type="checkbox"/> Recreational Vehicle
<input type="checkbox"/> Foster Care Liability	<input type="checkbox"/> Surety Bonds
<input type="checkbox"/> Garage Liability	<input type="checkbox"/> Uninsured/Underinsured Motorist
<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers' Compensation
	<input type="checkbox"/> Yacht